

PATENT NUMBER

**PATENT DATE**

## TIME APPLICANTS

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**BEST AVAILABLE COPY**

Spine distraction implant and method

PTO-2040  
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| ISSUING CLASSIFICATION       |  |          |  |                    |                                   |  |  |  |  |  |  |
|------------------------------|--|----------|--|--------------------|-----------------------------------|--|--|--|--|--|--|
| ORIGINAL                     |  |          |  | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |
| CLASS                        |  | SUBCLASS |  | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |
|                              |  |          |  |                    |                                   |  |  |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |  |          |  |                    |                                   |  |  |  |  |  |  |
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| <input checked="" type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>  | <b>DRAWINGS</b>                                 |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|   | Sheets Drwg.                                    | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____ (Assistant Examiner) _____ (Date)         |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
| <input checked="" type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No <u>6 149 652</u>   | _____ (Primary Examiner) _____ (Date)           |             |            | <b>ISSUE FEE</b>                  |                      |
|   |   |             |            | Amount Due                        | Date Paid            |
| <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.   | _____ (Legal Instruments Examiner) _____ (Date) |             |            | <b>ISSUE BATCH NUMBER</b>         |                      |
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